STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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Safety for the Re-employed

COUNTRYWIDE rejoicing at the return of large numbers of wage-earners to gainful employment must be tempered somewhat by the thought that increased employment will mean a rise in the national toll of fatal and non-fatal accidental injuries. For every 10,000 persons re-employed, anywhere from one to more than fifty, it may be expected, will be killed in the course of a year of employment, according as they find work in light manufacturing, in agriculture, on the railroads, in mining, in structural iron construction, in power transmission, or in some other of the many industries with varying occupational hazards. The net result will be an increase of many thousands killed and of hundreds of thousands injured. This increased mortality, it can be stated, will come more or less inevitably; for the curve of accidental injuries still follows very closely the curve of employment, despite many notable achievements in accident prevention by large industrial establishments and even by entire industries.

The whole depression period has been characterized by declining numbers of occupational deaths. In 1929, the year before widespread unemployment set in, 20,000 workers in the United States were killed in occupational accidents. By 1933, the number of occupational fatalities had dropped to about 14,000. Thus, in the single year 1933, there were approximately 6,000 fewer deaths, while the non-fatal injuries may have been reduced by perhaps one hundred times this number, as compared with what would have occurred if business activities had been maintained at the 1929 level. With increased employment in the second half of 1933, however, occupational deaths and injuries began to move upward and this rising trend is continuing into 1934.

The decline in occupational fatalities, as employment waned with each succeeding year of the depression, and the rise in the accident rate in the second half of 1933, are clearly shown in the record of white male Industrial policyholders of the Metropolitan Life Insurance Company. In 1929, a year of high business activity, the deathrate from occupational injuries among adult white male Industrial policyholders was 35. 9 deaths per 100,000 persons. As unemployment set in, in 1930, the rate dropped to 31.0, and this was followed by a decline to 27.2 in

1931, to 22.9 in 1932, and to 21.2 per 100,000 in 1933. Between 1929 and 1933, the deathrate from occupational injuries dropped 41 per cent. Each of the important means of fatal accidental injury, with the exception of fatal burns, shared in the decline. Injuries due to electricity (lightning excepted), showed the greatest reduction, 79.2 per cent., followed in order by steam railroad accidents, 63.3 per cent.; accidental drowning, 58.8 per cent.; traumatism by machines, 51.1 per cent.; and traumatism in mines and quarries, 40.4 per cent. Automobile fatalities over the entire period declined only 2.6 per cent. As a result, automobile accidents in 1933 were for the first time in the company's history the leading cause of occupational fatalities.

Table A shows the deathrates per 100,000 from occupational injuries by general and specific means of injury for the years 1929–1933.

TABLE A

DEATHRATES FROM OCCUPATIONAL ACCIDENTS

By General and Specific Means of Injury per 100,000 White Males at Ages 15 and Over. Metropolitan Life Insurance Company, Industrial Department, Weekly Premium-Paying Business, 1929–1933

Means of Injury	Deathrates per 100,000					Per Cent. Decline	
	1933	1932	1931	1930	1929	1929 to 1933	1932 to 1933
All Occupational Accidents	21.2	22.9	27.2	31.0	35.9	40.9	7.4
Accidental burns (conflagration excepted)	1.3	1.0	1.0	1.7	1.1	+18.2	+30.0
Accidental absorption of irrespirable gases	.4	.4	.4	.3	.5	20.0	....
Accidental drowning	.7	1.0	1.3	1.5	1.7	58.8	30.0
Traumatism by fall	3.1	3.9	4.8	5.4	5.1	39.2	20.5
Traumatism in mines and quarries	2.8	2.7	3.0	3.5	4.7	40.4	+ 3.7
Traumatism by machines	2.2	2.4	3.0	3.5	4.5	51.1	8.3
Steam railroad accidents	1.8	1.6	1.9	2.6	4.9	63.3	+12.5
Street railway accidents	.2	.3	.5	.4	.3	33.3	33.3
Automobile accidents	3.7	3.6	4.6	3.8	3.8	2.6	+ 2.8
Electricity (lightning excepted)	.5	.9	1.5	1.9	2.4	79.2	44.4
All other means	4.6	5.1	5.1	6.4	6.9	33.3	9.8

+Increase

Because the low point in business conditions occurred in the spring of 1933, figures for that year were further analyzed by quarterly periods to determine the fatality rates at the time of the lowest level of employment and the extent of the increase in the occupational fatality rates which followed the rise in employment in the second six months of the year. Quarterly deathrates for 1933 and for 1932 are shown in Table B. The year 1933 started out with a rate for the first quarter of

21.1 per 100,000—slightly below that for the entire year 1932 and about 10 per cent. lower than the rate for the corresponding months of 1932. In the second quarter, the rate dropped to 16.1 per 100,000, a figure which in all probability was among the lowest, if not actually the lowest rate ever recorded for adult male policyholders. The rate rose sharply to 25.3 per 100,000 in the third quarter, or .2 deaths per 100,000 in excess of the 1932 rate, while in the last quarter, the rate was 24.2 per 100,000, or 16 per cent. above the corresponding figure for 1932.

TABLE B

DEATHRATES FROM ALL OCCUPATIONAL ACCIDENTS BY QUARTER

Metropolitan Life Insurance Company—Industrial Department, Weekly Premium-Paying Business, 1932 and 1933
White Males—Ages 15 and Over

QUARTER	DEATHRATES PER 100,000		PER CENT. CHANGE 1932-1933
	1933	1932	
January-March	21.1	23.4	— 9.8
April-June	16.1	22.4	—28.1
July-September	25.3	25.1	+ .8
October-December	24.2	20.8	+16.3

With the increase in employment to which we are looking forward there are good reasons why we must expect a rise in industrial fatalities not merely proportionate, but much more than proportionate, to the volume of re-employment. Inexperienced men are known to suffer higher accident rates than seasoned employees. A similar condition will affect many of the re-employed. For even veteran workers who have been out of work for long periods will have lost some of their skill and will not be able to carry out their tasks, for a time, as securely as when in constant practice. Most important of all, they and their fellows will work in plants where safety organizations have been somewhat disrupted. *Now*, before the full tide of re-employment sets in, is the time to build up the safety organizations of the country so that these dangers may be minimized. The desire to economize, however well founded, must not be allowed to jeopardize the life and limb of the American workman. Employers should strengthen their safety organizations. The Federal Government through the United States Public

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Health Service and the Department of Labor may well take the lead in guiding the movement to safeguard workers returning to their jobs.

It is to be regretted that the blessings of returning prosperity do not come to us without exacting their toll of valuable human life.

The Vitality of Canada

Few civilized countries in the world can boast of a natural increase in their populations equal to that observed in Canada. With a deathrate actually lower than that of the United States today, Canada still has a birthrate higher than that of America ten years ago. The people of Canada at once combine the vigor of a youthful nation with the experience in life conservation of older countries. Their high birthrate reflects relatively pioneer conditions; and their low deathrate evidences the most advanced public health practice. The country thus enjoys a remarkable advantage which shows in the rapid rate of natural increase of population.

Let us compare the statistics of births and deaths for the United States and Canada in 1930, the latest year for which we have complete records. The Canadian birthrate in 1930 was 23.9 per thousand, almost the same as that of the United States ten years earlier, namely, 23.4. But, with this favorable birthrate, there was associated in Canada, in 1930, the extremely low deathrate of 10.7, making the natural increase in that year 13.2 per thousand of population, which, if continued, would mean doubling the population in a little more than fifty years. In the United States, among white persons, the corresponding birthrate in 1930 was 18.5. The deathrate was 10.8, making the crude rate of natural increase only 7.7. In other words, Canada was able, in 1930, to exhibit a rate of natural increase over 70 per cent. greater than that of the United States.

The birthrate is particularly high in the Province of Quebec. In 1930, the births were no less than 29.6 per thousand. The deathrate was 12.7, leaving a rate of natural increase of 16.9 per thousand. This, if continued, would mean a doubling of the population every forty-one years. But even in the rest of Canada, the birthrate is high. For the year 1930 it was 21.7; the deathrate was 10.0, and the crude rate of natural increase, 11.7. This would double the population in 59 years.

So far, we have been considering the *crude* figures of births and deaths. To obtain a truer measure of the actual situation, it is necessary to make allowance for the influence of the peculiar age distributions which prevail in the two countries. Both the United States and Canada have relatively large proportions of the population at the reproductive ages. It is, therefore, necessary to make adjustments and convert the crude rates of natural increase into what

may be called "true" rates, corresponding to the actually prevailing fertility and mortality in the two populations. When these adjustments have been made, we find for the true rate of natural increase of the entire Canadian population in 1930 a figure of 10.0 per thousand. In Quebec, the true figure is 14.6 and, as we have pointed out in previous issues of this *Bulletin* and in other places, the true rate of natural increase in the United States was already in 1930 practically zero.

These very interesting figures for Canada do not leave out of account the fact that in that country, as in the United States, the birthrate has declined during the last decade. The rates of natural increase, both crude and true, were materially higher ten years ago. But the decline in this period has been less in Canada than in the United States. Since 1930, however, much the same per cent. decline in the birthrate is occurring in Canada as a whole as in the United States, except that in Quebec, where the highest birthrates have prevailed, the per cent. decline has been the least.

While Canada shares in the world-wide decline of the birthrate, it still has several years to go before it reaches the present level of the United States, and this statement applies even in greater degree to the rate of natural increase. In the meantime, Canada continues to benefit from the extraordinary combination of relatively high birthrates, low deathrates, and an appreciable amount of increase from immigration, which latter has altogether stopped in the United States. As a whole, the picture of population increase in Canada is much more encouraging for a healthy growth than in most other countries of the world. This reflects the vigor, the intelligence and the social organization of a progressive people.

152 Millions Paid in Death Claims to Metropolitan Beneficiaries During 1933

BENEFICIARIES of Metropolitan policies received more than 152 million dollars in payment of death claims by the Company during the year 1933. This is almost two and one-half times the amount disbursed ten years ago.

Nearly one-sixth of this huge sum was disbursed on account of death claims arising out of chronic heart disease. Ten years ago deaths from heart disease accounted for only one-eighth of the total. Nineteen thirty-three is the tenth successive year in which cardiac diseases have led the list of causes of death for claim disbursements. The increase has been due, in part, to the fact that there is, today, a larger proportion of people in the higher age ranges among the insured group than obtained ten years ago. It is in these ages that the great majority of the deaths from these chronic cardiac impairments takes place.

Heart disease often runs concur-

rently with chronic nephritis or cerebral hemorrhage, and these three conditions constitute the three principal degenerative diseases. Approximately two-sevenths of all the money disbursed during 1933 was for death claims where one or more of these diseases was a factor. Chronic nephritis and cerebral hemorrhage were each responsible for 6.7 per cent. of the total disbursements in 1933, and they occupy, jointly, fifth rank in this respect.

Cancer stands second in importance to heart disease in the disbursements made by this company. In 1933, substantially one-ninth of all death claim payments were on account of these malignant tumors, instead of one-twelfth, as was the case ten years ago. Both the actual sums of money expended for cancer and the per cent. of the total disbursements are steadily increasing along with the rising cancer deathrate; and this fact emphasizes the seeming inability of present-day medical science to cope with the cancer problem.

Accidental deaths rank third in importance, accounting for 10.5 per cent. of the death claim disbursements. Although this is slightly less than in 1932, it is nearly a quarter in excess of the ratio which obtained ten years ago. Part of the excess is due to the fact that the Metropolitan paid out, in 1933, nearly three million dollars in double indemnity accidental death benefits to Industrial policyholders, without extra premium, whereas in 1923 this privilege was not extended to this large group of insured persons. Even deducting this sum, however, about two and one-half times as much money was disbursed for accidents in 1933 as in 1923.

Payments for influenza-pneumonia, which rank fourth, amounted to nearly twelve million dollars, as against approximately seven million dollars ten years previously. The per cent. of the total, nevertheless, has dropped materially (that is, from 11.5 per cent. in 1923 to 8.1 per cent. in 1933). The ratio of the sums paid out on account of these diseases to that disbursed for all causes, combined, varies from year to year, increasing sharply when major influenza epidemics like those of 1918, 1919, 1920 and even 1929 prevail. At the beginning of 1933, influenza was widespread, and the deathrate in January and February was high; but despite this early handicap the year closed with the lowest pneumonia mortality rate of all time. The downward tendency of the pneumonia deathrate is reflected in the payment in 1933, on pneumonia death claims, of only 5.8 per cent of the total disbursements, whereas in 1923, deaths from pneumonia were responsible for 8.1 per cent. of the total for all causes.

Ten years ago, tuberculosis was the leading cause of death on the basis of money disbursed. It now ranks sixth in this respect. More than one-eighth of all the money disbursed in death claims, in 1923, was on account of tuberculosis; now this ratio has been reduced to less than one-sixteenth. During this

short period the tuberculosis death-rate has been reduced among Metropolitan Industrial policyholders by 41 per cent., and among those in the Ordinary Department by 39 per cent. If there is no retardation in the velocity of the decline, this disease is destined, within the next ten years, to become a relatively minor item in the death claim disbursements of the life insurance companies of the country.

Diabetes has shown a steady increase from year to year both with respect to death claim disbursements and to its deathrate.

The figures for puerperal diseases are among the most striking items in the table below. Despite a large increase in the number of

DISBURSEMENTS

For Specified Causes of Death, 1933 and 1923 Compared. Metropolitan Life Insurance Company. Premium-Paying Policies. All Ages.

Diseases or Conditions	Amount		Per Cent. of Total	
	1933	1923	1933	1923
All Causes of Death	$144,803,660*	$60,613,219*	100.0	100.0
Typhoid fever	285,056	402,573	.2	.7
Diphtheria	107,240	229,570	.1	.4
Influenza and Pneumonia	11,758,657	6,991,140	8.1	11.5
Influenza	3,375,386	2,075,577	2.3	3.4
Pneumonia	8,383,271	4,915,563	5.8	8.1
Tuberculosis—All forms	8,964,307	7,749,960	6.2	12.8
Tuberculosis of resp'y system	8,303,155	7,268,050	5.7	12.0
Cancer—All forms	15,849,373	5,353,751	10.9	8.8
Diabetes mellitus	3,404,881	1,038,771	2.4	1.7
Cerebral hemorrhage; apoplexy	9,639,305†	4,150,217	6.7†	6.8
Diseases of heart‡	23,139,690	7,691,283	16.0	12.7
Chronic nephritis (Bright's disease)	9,691,962	4,219,038	6.7	7.0
Puerperal state—total	1,010,988	1,056,552	.7	1.7
Total external causes	22,011,013§	7,127,272	15.2	11.8
Suicides	5,278,632	1,286,538	3.6	2.1
Homicides	1,578,867§	723,788	1.1	1.2
Accidents—total	15,153,514§	5,116,946	10.5	8.5
Accidental drowning	1,533,963	539,291	1.1	.9
Traumatism by fall	2,106,904	552,646	1.5	.9
Railroad accidents	867,145	598,764	.6	1.0
Automobile accidents	5,659,616	1,144,304	3.9	1.9
All other accidents	4,985,886	2,281,941	3.4	3.8
All other diseases and conditions	38,941,188	14,603,092	26.8	24.1

*Gross amount paid in death claims and additional accidental death benefits in 1933 was $152,122,942; in 1923 it was $62,862,571. The above tabulation does not include death benefits paid on paid-up and extended term insurance policies.

†Not strictly comparable with the figure for 1923, due to changes in classification procedure.

‡Excluding pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

§Not strictly comparable with the figure for 1923. Since 1928, the Company has extended to Industrial policyholders a double indemnity accidental death benefit without extra premium. Additional accidental death benefits for 1933 were $4,381,504, of which $2,952,996 was paid on Industrial policies.

women insured during the last ten years, a smaller amount of money was paid out in 1933 on account of deaths incidental to pregnancy and childbirth than in 1923, and the per cent. of the total disbursements dropped from 1.7 to .7. The Company has for many years safeguarded the lives of women insured in its Industrial Department by extending to them the benefits of its visiting nurse service both during pregnancy and after confinement. This is, in part at least, the explanation of the reduction both of the puerperal deathrate and the amount disbursed.

Typhoid fever and diphtheria, the first two diseases listed in the table on page 7, are included because of their very insignificance as items in mortality disbursements. These are vanishing causes of death. At one time they were items to be reckoned with in the death claim expenditures of the life insurance companies. As recently as 1921, for example, the Metropolitan Life Insurance Company paid out, on account of typhoid fever, $1.10 out of every $100 disbursed; this has now been reduced to 20 cents out of every $100. Only 10 cents out of every $100 was paid out for diphtheria during the year 1933.

It must be borne in mind that the money lost to the community, through the deaths of insured persons, is far greater than the large sums disbursed in death claims every year by the life insurance companies. For, the actual money value of a human life is far greater than the average amount of insurance which is carried. Many thousands of the deaths on which the Metropolitan paid out 152 million dollars in 1933 were preventable; additional thousands were postponable. Nevertheless, many more insured people would have died in 1933 but for the health and life conservation work of the Company. As a result, the average life-span of the policyholders is lengthened; children receive parental care and educational advantages longer than they otherwise would; and the load upon public and private charities is lightened. Such work makes not only for reducing death claim losses but for conserving economic and social values. Thus is the general well-being advanced.

Our Neglect of the Newborn

THE pronounced reduction of the infant deathrate in America is one of the most outstanding accomplishments in the entire field of public health. In 1915, at least one hundred out of every one thousand babies born alive died before their first anniversary. In 1932, the last year for which figures are available, only fifty-eight succumbed out of each one thousand born alive. This is a reduction of 42 per cent. in the infant mortality rate in the short period of seventeen years. In certain states, indeed, notably Nebraska and Oregon, much lower infant mortality rates prevail than in the country as a whole. And there are

small cities where in recent years, infant deathrates have been as low as ten per thousand live births.

The mortality picture for this first year of life, taken as a whole, is, therefore, a good one in the United States. There are only a few countries where better conditions prevail or where greater improvement has occurred. Further analysis, however, shows that this marked progress has been accomplished in the last eleven months of the first year. There has been comparatively little betterment in the first month of life and none at all in that hazardous day, the first day of life. This is not a minor consideration in view of the fact that more than a half of all infant deaths occur during the first month of life and almost a quarter on the first day of life. It is thus at the very beginning that the hazard to the infant is greatest and that the improvement has been least; in fact, it has been almost nil.

The reasons underlying the lack of progress in reducing neonatal deaths become clear when we consider the principal causes to which newborn babies succumb. Two-thirds of the deaths on the first day of life are due to premature birth, and about three-fourths of the total to premature birth and injury at birth combined. The mortality from premature birth shows almost no reduction during the last decade, while that from injury at birth has actually increased. Another important item in infant mortality, namely, congenital malformations, also shows virtually no improvement during the last decade.

It is unquestionable that a substantial proportion of these deaths from premature birth and injuries at birth is unavoidable. Nevertheless, special campaigns conducted by health authorities have resulted in substantial reductions of neonatal mortality. In these demonstrations directed to the care of pregnant women, the proportion of deaths from prematurity and birth injuries has been greatly reduced, indicating that the residuum of early infant mortality may be brought to a very narrow range.

The most outstanding example of what can be accomplished in the matter of infant mortality reduction is that presented by far-away New Zealand, where the infant mortality rate has been reduced to 31 per thousand live births. If the infant mortality in America is to be brought to this extremely low figure of New Zealand, it is clear that efforts must be directed in particular against the diseases and conditions affecting fetal and maternal welfare. This program demands primarily adequate prenatal care for all prospective mothers and improved service at confinement. More and more, the medical profession is showing deep interest in the difficulties attending the problems of maternity. Studies by medical groups in New York City and in other communities indicate clearly where the chief troubles are concentrated and where improvements must be made. Essentially, the findings emphasize the

importance of more training in obstetrics for physicians, nurses and midwives, together with an increase in the facilities for the safe care of women and infants in and about the period of confinement.

Health Record for January, 1934

THE January deathrate among the insured wage-earning populations of the United States and Canada (10.1 per 1,000) is at the exact average recorded for the month of January during the past 15 years. The above figure is somewhat below that for January of last year when influenza was prevalent. There was a decline, as compared with January, 1933, of 15.3 per cent. in the mortality rate of Metropolitan Industrial policyholders residing in the Pacific Coast and Mountain States; in the rest of the United States the decrease amounted to 5.1 per cent.; and among insured Canadians to 11.0 per cent.

The year 1934 has started most auspiciously in several respects which are of major interest to public health workers. The tuberculosis deathrate, for example, shows a reduction of 4.8 per cent., from that of January a year ago. The mortality rate for the four principal communicable diseases of childhood, combined, shows a drop; and particularly for diphtheria. Conditions incidental to pregnancy and childbirth show marked improvement. A drop in the mortality from diabetes is still another favorable item.

Increases this year for cancer, suicides, accidents and automobile fatalities are on the unfavorable side of the picture. Deaths arising out of automobile accidents account for almost all of the rise recorded, thus far in 1934, for all types of fatal accidents combined.

The deathrate in the general population of the large cities of the United States, for the month of January, was 12.6 per 1,000 estimated population, as compared with 12.1 in December and 13.1 in January of last year. Comparison with the data for December shows that there was increased prevalence, during January, of influenza, measles and scarlet fever, together with fewer cases of diphtheria, poliomyelitis, smallpox and typhoid fever. There was more sickness, as compared with January, 1933, from measles, diphtheria, poliomyelitis and scarlet fever, together with fewer cases of influenza, smallpox and typhoid fever.

There was a general decrease throughout the country, in January, in cases of diphtheria, but there was a marked rise in sickness from measles, scarlet fever and influenza.

The following table shows the mortality among Industrial policyholders for January, 1934; December, 1933, and January, 1933, together with the deathrates for the years 1933 and 1932.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF JANUARY, 1934; DECEMBER, 1933, AND JANUARY, 1933

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	Jan. 1934	Dec. 1933	Jan. 1933	YEAR	
				1933	1932
TOTAL—ALL CAUSES	1014.5	888.6	1077.7	859.3	856.9
Typhoid fever	1.0	1.4	.8	1.6	1.7
Measles	1.6	.9	1.5	1.5	1.7
Scarlet fever	3.5	2.6	4.3	2.6	2.8
Whooping cough	3.4	2.2	3.3	2.3	3.0
Diphtheria	3.1	4.0	3.6	2.6	3.9
Influenza	19.3	14.6	81.6	20.2	19.1
Tuberculosis (All forms)	65.4	61.4	68.7	64.6	69.8
Tuberculosis of respiratory system	58.3	55.7	63.3	57.7	61.8
Cancer (All forms)	99.7	94.4	94.6	94.3	91.1
Diabetes mellitus	29.2	23.3	32.4	24.0	23.0
Cerebral hemorrhage; apoplexy	76.6	67.5	75.1	63.7	62.1
Diseases of heart†	206.6	169.6	206.5	161.4	155.5
Pneumonia (All forms)	102.8	87.5	124.8	62.6	65.4
Other respiratory diseases	13.8	11.4	13.0	9.7	9.4
Diarrhea and enteritis	7.2	6.9	7.6	10.6	11.2
Chronic nephritis (Bright's disease)	75.8	66.7	76.1	67.1	68.7
Puerperal state—Total	9.2	6.8	10.4	9.3	10.5
Suicides	11.4	8.2	11.1	10.0	10.6
Homicides	5.7	6.7	6.0	6.3	6.1
Accidents—Total	61.5	57.2	55.8	55.5	54.8
Automobile accidents	24.5	23.8	19.4	19.7	18.9
All other diseases and conditions	217.7	195.2	200.4	189.3	186.5

*The rates for 1933 and 1934 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

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STATISTICAL BULLETIN,
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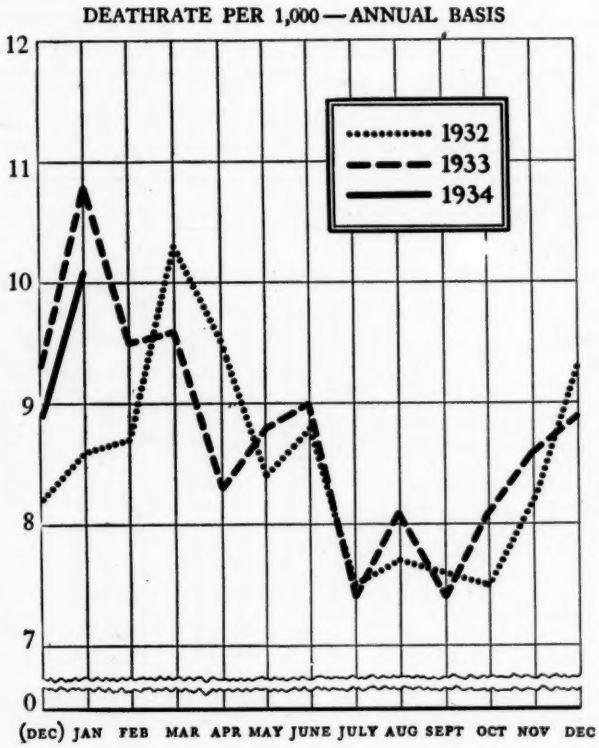
DEATHRATES FROM ALL CAUSES

in the Metropolitan Life Insurance Company
Industrial Department



1932	8.6	8.7	10.3	9.5	8.4	8.8	7.5	7.7	7.6	7.5	8.2	9.3
1933*	10.8	9.5	9.6	8.3	8.8	9.0	7.4	8.1	7.4	8.1	8.6	8.9
1934*	10.1											

**Rates for 1933 and 1934 are provisional.*

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